STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COM (See Reverse Side For Instructions) This is a (check one) Party Committee Political Action Committee Initial Statement This is an (check one) Amended Statement Tri-County Labor Coccacie COMMITTEE (PLEASE TYPE OR PRINT) Name Political Education Mailing Address (Street, City, State, Zip Code) t, City, State, Zip Code) Business Telephone Lequenworth Food KCKS (913) 3343505 CHAIRPERSON Name Home Telephone Dave Peterson (913)3KZ 7330 Mailing Address (Street, City, State, Zip Code) Business Telephone 7540 Leavenworth Road KE, KS 66109 (913) 334 3505 TREASURER Name Home Telephone Robert S. Wing (913) 788 8839 Mailing Address (Street, City, State, Zip Code) Business Telephone 7540 Leavenworth Road KC, KS 66109, 913) 334 3505 AFFILIATED OR CONNECTED ORGANIZATIONS county Labor Council of Eastern Kansas Mailing Address (Street, City, State, Zip Code) 1540 (Paylenworth Road If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. A71-010 SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and

belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000